

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/857396**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59						
10		/					60						
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12		/					62						
13	/						63						
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41		/					91						
42	/						92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47	/						97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	17	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	41	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	58					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS